



**Quality Operations Technical Assistance Workgroup Meeting Agenda**  
**Wednesday, April 26, 2023**  
**Via Zoom Link Platform**  
**9:30 a.m. – 11:30 a.m.**

- |      |  |                     |
|------|--|---------------------|
| I.   | Announcements  | A. Siebert          |
|      | <ul style="list-style-type: none"><li> Moment of Silence (Starlit Smith)</li><li> Ability to Pay Guidelines</li><li> Financial Liability Mental Health Services</li><li> MDHHS Telemedicine Policy</li></ul> |                     |
| II.  | Substance Use Disorder (SUD)   | J. Davis/G. Lindsey |
| III. | Recipient Rights   | C. Witcher          |
| IV.  | DWIHN Policy Listing   | A. Smith            |
| V.   | Follow-up Items  |                     |
|      | <ul style="list-style-type: none"><li> None</li></ul>   |                     |
| VI.  | <b>QAPIP Effectiveness</b>   |                     |
|      | <b><i>Customer Service</i></b>   |                     |
|      | a. Member Outcomes Report  | M. Keyes-Howard     |
|      | b. Constituents Voice Committee  | M. Calhoun          |
|      | <b><i>Quality Improvement</i></b>  |                     |
|      | c. CE/SE Reporting   | S. Applewhite       |
|      | d. CE/SE Updated Policy  | C. Mackey           |
|      | e. CE/SE Trainings   | M. Lindsey          |
|      | f. HCBS Transition   | D. Dobija           |
|      | g. HCBS Survey   | W. Sabado           |
| VII. | Adjournment  |                     |



**Quality Operations Technical Assistance Workgroup Meeting Agenda**  
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**Via Zoom Link Platform**  
**9:30 a.m. – 11:30 a.m.**  
**Note Taker: Deja Jackson**

**1) Item: Announcements:**

- Moment of Silence (Starlit Smith)
- Ability to Pay Guidelines
- Financial Liability Mental Health Services
- MDHHS Telemedicine Policy
- Danielle Dobija has been appointed on an interim basis as the Performance Monitor- Administrator

**2) Item: Substance Use Disorder (SUD) – Gregory Lindsey**

**Goal: Updates from SUD**

**Strategic Plan Pillar(s):**  Advocacy  Access  Customer/Member Experience  Finance  Information Systems  Quality  Workforce

**NCQA Standard(s)/Element #:** QI  CC#  UM #  CR #  RR #

Discussion		
Gregory Lindsey provided the workgroup with the following SUD updates: <ul style="list-style-type: none"> <li>• The Netcon Conference being held in Los Angeles, California on May 1<sup>st</sup> – May 3<sup>rd</sup>.</li> <li>• Opioids Summit being held at Burton Manor on July 26<sup>th</sup>.</li> <li>• They are also still reviewing the providers submissions of their RfQs.</li> </ul>		
Provider Feedback	Assigned To	Deadline
No additional provider feedback was provided.		
Action Items	Assigned To	Deadline
None		



**3) Item: Recipient Rights – Chad Witcher**

**Goal: Updates from ORR**

**Strategic Plan Pillar(s):**  Advocacy  Access  Customer/Member Experience  Finance  Information Systems  Quality  Workforce

**NCQA Standard(s)/Element #:** QI  CC# \_\_\_  UM # \_\_\_  CR # \_\_\_  RR # \_\_\_

Discussion		
No current updates from ORR.		
Provider Feedback	Assigned To	Deadline
No Provider Feedback.		
Action Items	Assigned To	Deadline
None		



**4) Item: DWIHN Policy Listing**

**Goal: Discussion for Policy Listing on DWIHN’s Website**

**Strategic Plan Pillar(s):**  Advocacy  Access  Customer/Member Experience  Finance  Information Systems  Quality  Workforce

**NCQA Standard(s)/Element #:** QI  CC# \_\_\_\_  UM # \_\_\_\_  CR # \_\_\_\_  RR # \_\_\_\_

Discussion		
<p>Allison Smith shared with the group the following:</p> <ul style="list-style-type: none"> <li>• There has been improvements to DWIHN’s website that is now going to allow anyone to be able to view and search for our policies in a more seamless manner.</li> <li>• Demonstrated how to navigate to DWIHN’s policies on the website.</li> <li>• Policy Stat works best when using Google Chrome.</li> </ul>		
Provider Feedback	Assigned To	Deadline
<p>Questions/Concerns:</p> <ol style="list-style-type: none"> <li>1. Is searching by Keyword an option?</li> <li>2. Can you open any of the attachments in the policies?</li> </ol> <p>Answers:</p> <ol style="list-style-type: none"> <li>1. Yes. It will if the word is in the policy or the title of the policy, it’s going to find it.</li> <li>2. Yes. You should be able to open the attachments in whatever policy you are searching for.</li> </ol>		
Action Items	Assigned To	Deadline
None		



**5) Item: Follow-up Items**

**Goal:**

**Strategic Plan Pillar(s):**  Advocacy  Access  Customer/Member Experience  Finance  Information Systems  Quality  Workforce

**NCQA Standard(s)/Element #:** QI  CC# \_\_\_\_  UM # \_\_\_\_  CR # \_\_\_\_  RR # \_\_\_\_

Discussion		
No follow-up Items.		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Action Items	Assigned To	Deadline
None		



**6) Item: QAPIP Effectiveness**

**Goal: Customer Service – Member Outcomes Report**

**Strategic Plan Pillar(s):**  Advocacy  Access  Customer/Member Experience  Finance  Information Systems  Quality  Workforce

**NCQA Standard(s)/Element #:** QI  CC# \_\_\_  UM # \_\_\_  CR # \_\_\_  RR # \_\_\_

Discussion		
Margaret Keyes-Howard provided the following updates to the work group: <ul style="list-style-type: none"> <li>• CS is looking to recruit new team members for the Constituents Voice(CV)</li> <li>• The ECHO surveys are coming to a close and looking forward to having data to share with the group in the upcoming months.</li> <li>• It was also requested that providers send to the attention of Margaret Keyes-Howard their member surveys which will allow DWIHN to review outcomes.</li> </ul>		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Action Items	Assigned To	Deadline
None		



**6) Item: QAPIP Effectiveness**

**Goal: Customer Services – Constituents Voice Committee**

**Strategic Plan Pillar(s):**  Advocacy  Access  Customer/Member Experience  Finance  Information Systems  Quality  Workforce

**NCQA Standard(s)/Element #:** QI  CC# \_\_\_  UM # \_\_\_  CR # \_\_\_  RR # \_\_\_

Discussion		
<p>Myneisha Calhoun from DWIHN’s CS department discussed the following:</p> <ul style="list-style-type: none"> <li>• A brief introduction to the purpose of the Constituents Voice Committee also known as the CV. Discussion included explaining that the committee is organized under the peer view of the DWIHN Member Engagement section of the Customer Service Department. The CV is charged with advising and making suggestions to the President and/or the CEO concerning the design, delivery, evaluation and implementation of policies, procedures and activities related to community inclusion.</li> <li>• As previously mentioned, the CV is responsible for reviewing and providing feedback on DWIHN policies, plans, and practices. The meeting conducted last month in March, included the QAPIP and Clinical practice improvement guidelines as well as the privacy practice guidelines.</li> <li>• The CV also empowers people who receive services to take an active role in their services and support. Advocating for people who receive services, their rights, and their ability to assume responsibility for decisions about their services and treatments.</li> <li>• They are currently working on an event <i>Dreams Come True</i>.</li> </ul>		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Decision Made	Assigned To	Deadline
None.		
Action Items	Assigned To	Deadline
None.		



**6) Item: QAPIP Effectiveness**

**Goal: Quality Improvement – CE/SE Reporting**

**Strategic Plan Pillar(s):**  Advocacy  Access  Customer/Member Experience  Finance  Information Systems  Quality  Workforce

**NCQA Standard(s)/Element #:** QI  CC# \_\_\_  UM # \_\_\_  CR # \_\_\_  RR # \_\_\_

Discussion		
<p>Sinitra Applewhite of the Quality Improvement department shared the following:</p> <p>CE/SE reminders:</p> <ul style="list-style-type: none"> <li>• RCA’s are required for all Sentinel Events.</li> <li>• 3 months of progress notes prior to incident, hospital documentation, and post discharge follow up should be included when submitting RCA documentation.</li> <li>• DWIHN will make final determination of Sentinel events.</li> <li>• RCA’s are to be entered into the MH-WIN system within 30 business days of notification, not accepting paper documentation.</li> <li>• Media events are to be reported to QPIT via E-Message system and entered into the MH-WIN system as a critical/sentinel event.</li> <li>• If TA is required, please contact QPIT via E-Message.</li> <li>• CE/SE are to be entered within 24 hours of your knowledge of incident.</li> <li>• There are 438 events that fall under the ‘need information’ category. CRSP with multiple CE/SE authors, please remind your staff to upload the supportive documentation to the event for closure.</li> <li>• If staff needs CE/SE access, E-message Carla Spight-Mackey or Sinitra Applewhite, not MH-WIN helpdesk.</li> </ul>		
Provider Feedback	Assigned To	Deadline
No Provider Feedback.		
Decision Made	Assigned To	Deadline
None.		
Action Items	Assigned To	Deadline
None.		



**6) Item: QAPIP Effectiveness**

**Goal: Quality Improvement – CE/SE Updated Policy**

**Strategic Plan Pillar(s):**  Advocacy  Access  Customer/Member Experience  Finance  Information Systems  Quality  Workforce

**NCQA Standard(s)/Element #:** QI 1 CC# \_\_\_  UM # \_\_\_  CR # \_\_\_  RR # \_\_\_

Discussion		
<p>Carla Spight- Mackey from DWIHN’s Quality Department shared with the group the following updates:</p> <ul style="list-style-type: none"> <li>• In the application section of the CE/SE policy details are noted for who is required to report, which is pretty much everybody, all of DWIHN staff, etc.</li> <li>• All of our services are reportable and integrated and though the state only requires us to report sentinel events in 5 categories, DWIHN is required under the 42 CFR and our contract with MDHHS to monitor all services that we fund. Any of the categories that are mentioned in the guidance manual are reportable events.</li> <li>• Please review page 19 of the guidance manual which goes over the death reporting process. The Guidance Manual for Reporting CE/SE and Deaths can be located on our DWIHN Website/Provider/Quality Improvement Section.</li> </ul>		
Provider Feedback	Assigned To	Deadline
<p>Questions/ Concerns:</p> <ol style="list-style-type: none"> <li>1. According to page 19, we should wait until we get the death log number to enter the critical/sentinel, however we’re told we need to enter the critical/sentinel within 24 hours of the notification of the event, sometimes we don’t get the death log number for more than 24 hours.</li> </ol> <p>Answers:</p> <ol style="list-style-type: none"> <li>1. The instructions noted on Pag 19, details to add a death log number if received, otherwise the date and time of the ORR notification is required.</li> </ol>		
Decision Made	Assigned To	Deadline
None.		
Action Items	Assigned To	Deadline
None.		



**6) Item: QAPIP Effectiveness**

**Goal: Quality Improvement – CE/SE Trainings**

**Strategic Plan Pillar(s):**  Advocacy  Access  Customer/Member Experience  Finance  Information Systems  Quality  Workforce

**NCQA Standard(s)/Element #:** QI  CC# \_\_\_  UM # \_\_\_  CR # \_\_\_  RR # \_\_\_

Discussion		
<p>Micah Lindsey from DWIHN’s Quality Improvement department shared with the work group the following:</p> <ul style="list-style-type: none"> <li>○ Critical/ Sentinel Event Reporting Module Training:</li> <li>○ 2023 Training happening the second Thursday via Teams Webinar 9:00am – Noon</li> </ul> <p><b>Dates:</b></p> <ul style="list-style-type: none"> <li>○ May 11<sup>th</sup></li> <li>○ June 8<sup>th</sup></li> <li>○ August 10<sup>th</sup></li> <li>○ September 14<sup>th</sup></li> </ul> <p>(Registration closes one week prior to the webinar)</p> <ul style="list-style-type: none"> <li>• Participants will not be admitted after 9:10am</li> <li>• Participants camera must remain on for the entire training.</li> <li>• CRSP’s are able to register a maximum of 10 staff per training.</li> <li>• Registration is required through DWIHN’s website</li> <li>• Space is limited to the first 75 participants. Wait lists will be established.</li> </ul>		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Decision Made	Assigned To	Deadline
None.		
Action Items	Assigned To	Deadline
None.		



**6) Item: QAPIP Effectiveness**

**Goal: Quality Improvement – HCBS Transition**

**Strategic Plan Pillar(s):**  Advocacy  Access  Customer/Member Experience  Finance  Information Systems  Quality  Workforce

**NCQA Standard(s)/Element #:** QI  CC# \_\_\_\_  UM # \_\_\_\_  CR # \_\_\_\_  RR # \_\_\_\_

Discussion		
<p>Danielle Dobija from DWIHN’s Quality Improvement department shared the following updates:</p> <ul style="list-style-type: none"> <li>• HCBS Implementation               <ul style="list-style-type: none"> <li>○ In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced a Final Rule on HCBS. The HCBS Final Rule protects and individual’s rights to privacy, dignity, respect and freedom.</li> </ul> </li> </ul> <p>We are now in the compliance stage of HCBS implementation.</p> <ul style="list-style-type: none"> <li>• March 2023 HCBS Survey               <ul style="list-style-type: none"> <li>○ DWIHN is responsible for distributing surveys and ensuring all provider survey recipients complete the survey. Providers that don’t participate in the survey risk losing HCBS funding.</li> <li>○ Current Status as of 4/26/2023 Middle of phase 2, Survey Distribution/Survey Completion.</li> <li>○ All surveys must be completed by 5/5/2023.</li> <li>○ Survey distribution began 4/12/2023 (evening)</li> <li>○ Next Steps: 9 calendar days remaining to complete surveys.</li> </ul> </li> </ul>		
Provider Feedback	Assigned To	Deadline
<p>Questions/Concerns:</p> <ol style="list-style-type: none"> <li>1. Can providers receive the list in order to follow up before the deadline?</li> </ol> <p>Answers:</p> <ol style="list-style-type: none"> <li>1. DWIHN QI team will work on completing lists requests.</li> </ol>		
Decision Made	Assigned To	Deadline
None.		
Action Items	Assigned To	Deadline
None.		



**New Business Next Meeting: 05/31/23**



## **Detroit Wayne Integrated Health Network**

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### **Quality Operations Technical Advisory Committee Meeting**

**4/26/23**

#### **CE/SE reminders....**

- RCA's are required for all Sentinel Events, for definition of SE see guidance manual which is on DWIHN website.
- Please include 3 months of progress notes prior to incident, hospital documentation, and post discharge follow up when submitting RCA documentation.
- DWIHN will make final determination of Sentinel events.
- RCA's are to be entered into the MH-WIN system within 30 business days of notification, we are not accepting paper documentation.
- Media events are to be reported to QPIT via E-Message system and entered into the MH-WIN system as a critical/sentinel event.
- If TA is required, please contact QPIT via E-Message.
- CE/SE are to be entered within 24 hours of your knowledge of incident.
- There are 438 events that fall under the need information category. CRSP with multiple CE/SE authors, please remind your staff to upload the supportive documentation to the event for closure.
- If staff needs CE/SE access, E-message Carla Spight-Mackey or Sinitra Applewhite, not MH-WIN helpdesk.

#### **Board of Directors**

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## **Critical/Sentinel Event Reporting Module Training**

2023 Training

**SECOND (2<sup>nd</sup>) THURSDAY TEAMS WEBINAR**  
**9:00 a.m. – Noon**

May 11  
June 8  
August 10  
September 14

***Registration closes one (1) week prior to the webinar***

***PARTICIPANTS WILL NOT BE ADMITTED AFTER 9:10 A.M.***

***Participants camera MUST REMAIN ON for ENTIRE training***

This training prepares and updates participants for the electronic submission of the Critical & Sentinel Events into the MHWIN Critical/Sentinel Event Module.

CRSP's are able to register a maximum of 10 staff per training. Additional training may be available based on the workload of the trainers (Request to Carla Spight Mackey, Sinitra Applewhite, or Micah Lindsey).

**Registration is required. Managers/Supervisors** must register staff by clicking on the link below and completing ALL of the information requested

**Space is Limited to the 1<sup>st</sup> 75 participants. Wait lists will be established.**

<https://app.smartsheet.com/b/form/33026fe9b0c7463fadd398bbc8f1c4d4>



# HCBS Implementation

## Home and Community Based Services

In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced a Final Rule on HCBS

The HCBS Final Rule protects an individual's right to privacy, dignity, respect and freedom. It protects the right for individuals to make choices about where to live and work, and how to be a part of their community

We are now in the compliance stage of HCBS Implementation.

# March 2023 HCBS Survey

DWIHN is responsible for distributing surveys and ensuring all provider survey recipients complete the survey.

Providers that do not participate in the survey risk losing HCBS funding

Three phases to Survey Distribution. Each phase has multiple steps.

1. Prep. Survey Distribution
2. Survey Distribution
3. Survey Data Wrap up

# March 2023 HCBS Survey

Current Status as of 4/26/2023

Middle of phase 2, Survey Distribution / Survey Completion

Challenges:

- CRSP providers do not have ability to convert WSA#s
- DWIHN only has 2 staff available to convert WSA#s

DWIHN has been converting WSA#s so providers know which member they are completing a survey about.

# March 2023 HCBS Survey

All surveys must be completed by **5/05/2023**

## Some Notes about the Survey:

The surveys are about the relationship between the provider and the member.

Some providers have received multiple surveys; there is one survey for each member.

**Each and every survey must be completed**

# March 2023 HCBS Survey

Survey distribution began 4/12/2023 (evening)

Status as of 4/21/2023 Data pull

57 out of 72 HCBS Providers had opened the survey email

- 15 providers did not open emails

26 out of 38 CRSP providers had opened the survey email

- 12 CRSP providers had not opened emails

# March 2023 HCBS Survey

## Next Steps

- 9 calendar days remaining to complete surveys

DWIHN needs your assistance to ensure every provider completes all surveys sent to them

The completion of all surveys is imperative to ensure the provider continues to be eligible to provide, and receive funding for, HCBS services.

There are no second chances.